

Boulder Municipal Court

Boulder County Justice Center
P.O. Box 8015
1777 6th Street
Boulder, CO 80306-8015
(303) 441-1842
(303) 441-1811 FAX

REQUEST TO REVIEW A RECORD

Requestor's Name: _____ Telephone: _____

Full Address: _____

Fax: _____ Email: _____

I would like to receive the records by: ☐ Email *or*
☐ Fax *or*
☐ Regular Mail *or*
☐ Pick-up (you will be contacted when ready for pickup)

Documents Requested: _____

Defendant Name: _____ Date of Birth: _____

Reason for Request: _____

I understand that according to C.R.S. 24-72-305.5, I am prohibited from using these records for the purpose of soliciting business for pecuniary gain.

Signature of Requestor

Records Released: _____

Records Denied: _____

Reason: _____

Clerk/Judge Signature: _____ Date: _____

**** There is a \$0.25 charge for each page of records released. ****

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